



07-28-05

DPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: J. Conrad Vogel)

Application No.: 10/712,439)

Confirmation No.: 8715

Group Art Unit: 3724)

Examiner: Omar Flores Sanchez)

Filed: November 13, 2003)

Title: SNIPS WITH REMOVALBE
BLADES)

Mail Stop: Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 CFR §1.111

Sir:

In response to the Office Action dated as mailed July 21, 2005 please amend the above-identified application as follows:

No Amendments to the Specification.

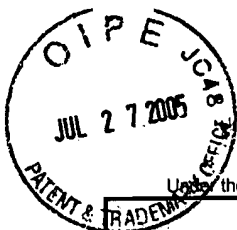
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

CERTIFICATE OF MAILING

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K. Oakley
Kim Oakley



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/712,439
	Filing Date	November 13, 2003
	First Named Inventor	J. Conrad Vogel
	Art Unit	3724
	Examiner Name	FLORES SANCHEZ, OMAR
Total Number of Pages in This Submission	Attorney Docket Number	5658-979 (255)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): *Acknowledgment Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MOORE & VAN ALLEN		
Signature			
Printed Name	DENNIS J. WILLIAMSON		
Date	7/27/05	Reg. No.	32,338

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Signature			
Typed or printed name	Kim Oakley	Date	7/27/05

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